



PTO/SB/22 (08-03)

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

00646/100D205-US1

In re Application of Ramesh A. Bhat, et al.

Application Number  
09/429,832Filed  
October 29, 1999

For: NOVEL HUMAN ESTROGEN RECEPTOR BETA

Art Unit 1646

Examiner N. Basi

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |             |
|--|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) (paid 08/13/2003) | \$ (110.00) |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                  | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))     | \$ 840.00   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                 | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                 | \$          |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

- ☒ A check in the amount of the fee is enclosed.

- ☐ Payment by credit card. Form PTO-2038 is attached.

- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 45,599

October 21, 2003  
Date

(212) 527-7788  
Telephone Number

*Kristin Behrendt*  
Signature

Kristin E. Behrendt  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of 1 forms are submitted.

Express Mail Label No.

Dated: \_\_\_\_\_

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